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## Evaluation Survey

1. Which of the following best describes your practice setting?
  - a. Solo Practice
  - b. Group Practice
  - c. Hospital
  - d. Other
2. Which of the following best describes your specialty?
  - a. Obstetrics/Gynecology
  - b. Maternal Fetal Medicine
  - c. Reproductive Endocrinology
  - d. Other
3. Please indicate how relevant this CME activity is to your practice: How many patients do you see on a weekly basis?
  - a. Less than 20
  - b. 21–40
  - c. 41–60
  - d. 61–80
  - e. More than 81
4. Please indicate how relevant this CME activity is to your practice: What percent of your patient population utilizes progesterone supplementation in early pregnancy?
  - a. less than 10%
  - b. 11–20%
  - c. 21–30%
  - d. 31–40%
  - e. 41–50%
  - f. More than 50%
5. Please rate your overall satisfaction with this educational activity on a scale of 1–5:
  - a. 1 (Worst)
  - b. 2
  - c. 3
  - d. 4
  - e. 5 (Best)
6. I feel this activity helped me to understand the rationale for progesterone supplementation in FET.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
7. I feel this activity helped me better understand the choices among progesterone formulations and their impact on efficacy.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree

8. I feel this program helped me to recognize the role of patient preference on the selection of progesterone formulation (i.e. convenience, tolerability, compliance).

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

9. The Program Faculty was knowledgeable on this topic:

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

10. The content was presented in a fair and balanced manner:

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- f. Strongly Disagree

**YOUR CERTIFICATE FOR CONTINUING EDUCATION CREDIT (if applicable) WILL BE ISSUED FROM THE FOLLOWING INFORMATION.**

Failure to legibly print, complete and sign this form may prohibit the creation and forwarding of your certificate.

Please submit to: Penn State College of Medicine, Continuing Education, (G220), 44 E Granada Ave., Rm 1108, PO Box 851, Hershey, PA 17033 or fax to 717-531-5604 or sent via email to [ContinuingEd@hmc.psu.edu](mailto:ContinuingEd@hmc.psu.edu)

Name (print): \_\_\_\_\_

Affiliation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specialty: \_\_\_\_\_

Address (Home/Work): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone (Home/Work): \_\_\_\_\_

Email: \_\_\_\_\_

I hereby certify I have spent \_\_\_\_\_ hour(s) (max. 1.5 hours) completing this activity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_